



Oxbow Eco-Center

A St. Lucie County Environmental Learning Center

5400 NE St. James Drive, Port St. Lucie, FL 34983

Phone: (772) 785-5833 * Fax: (772) 785-5834

March 25, 2012

Dear Parents,

Thank you for your interest in **Oxbow Eco-Center/ 4-H's Jr. Naturalist Day Camp**. Bring your little ones to day camp and let them get a little wild. Each day will focus on different families of animals ... where they live, what they need to survive, and some of the strategies they use to outsmart their predators. Each day will be filled with fun learning and creative crafts that participants will be able to take home. Choose one day or all four!

The Camp is designed for ages 4 through 8 and is set for August 7th through August 10th from 9:30am through 12:30pm. The cost of camp is \$10/per day. Participants should bring their lunch and snacks, and of course, dress appropriately for being in the great outdoors.

Florida's summer climate can be taxing. While our schedule of activities will ensure that participants aren't out for long periods of time during the hottest parts of the day, campers should be in good health.

Please read the enclosed materials carefully. If you and your child agree that this camp is right for you, **please fill out and return all appropriate forms by July 23rd**

Oxbow camps are kept small (minimum 12 and maximum 20 students) to ensure each camper gets the most from his or her experience. Because camp space is limited, please send in your registration as soon as possible.

Again, thank you for your interest. Please feel free to contact me if you have any questions.

Sincerely,

Amanda Thompson

Education Coordinator

thompsonam@stlucieco.org



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What to Bring Each Day

- Reusable Water Bottle
- Lunch / Snacks - *Please avoid sending foods that require heating or refrigeration. You may include sports drinks or juice, but **no sodas please.** We will provide water each day.*
- Appropriate, comfortable clothing (not your favorite clothes, you may get messy)
- Backpack
- Closed-toe/closed-heel shoes for hiking (tennis shoes preferred)
- A hat
- Sunscreen
- An inquisitive mind & positive attitude!

Do not bring valuables, such as money, electronics, and prized possessions. Your time at camp will be packed with activities.

Policies & Procedures

Drop-off & Pick-up

- ❖ Campers may be dropped off between 9:00 a.m. and 9:30 a.m.
- ❖ Campers may be picked up at 12:30 p.m.
- ❖ A \$25 late fee will be charged each day a child is picked up at 12:45 pm, then \$3 every minute thereafter.
- ❖ Children will only be permitted to travel from camp with individuals on your "Pick-up Permission List" (form attached).
- ❖ All individuals picking up a child MUST show identification.

In the event of an injury to your child

- ❖ An injury report form will be filled out for all injuries.
- ❖ Parents will receive a copy of this form when they pick up their child.
- ❖ For injuries other than minor scrapes and bruises, parents will also be notified by phone.

Behavior

- ❖ Oxbow Eco-Center reserves the right to deny access to the **Jr. Naturalist Day Camp** for campers who show repeated lack of respect for facilities, staff, volunteers, or other campers, or who are disruptive to the operation of the camp or hamper the enjoyment and learning of other campers.

Payment

- ❖ Non-refundable payment must be made upon submittal of registration.



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Junior Naturalist Day Camp Registration Form— August 7th through 10th, 2012

Full name of Parent/Legal Custodian/Guardian:		
Address:		
City:	State and Zip Code:	E-mail:
Home Phone:	Work Phone:	Alt. Phone:
If you are unavailable, whom shall we contact in an emergency?		
Name:	Phone:	Alt. Phone:
Name:	Phone:	Alt. Phone:

Full name of Camper:	
Birthdate:	Gender:
Nickname:	
Does your child have special needs? If yes, please explain:	

PAYMENT INFORMATION:

The cost of the camp is \$10 per day. Payment must accompany application.

Yes, I'd like to register my child for: ☐ Tues. Aug. 7th ☐ Wed. Aug. 8th ☐ Thurs. Aug. 9th ☐ Fri. Aug. 10th

☐ Enclosed is my Check for \$ _____

☐ please charge my Credit Card \$ _____: ☐ Visa ☐ MasterCard

Credit Card #: _____ Expiration Date: _____ Security Code: _____

Billing Address if different than above: _____

Name as it appears on card: _____

Cardholder Signature: _____



Please note: payments are non-refundable.



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Medical Information

Name of Child:	Date of Birth:
Blood Type (if known):	
Name of Physician:	Physician's Phone:
Physician's Address:	
Allergies/Sensitivity to food, medicine, etc.:	
Anxieties, Nervous habits, Fears:	
Behavioral / Learning challenges:	
List all current medications, Rx or otherwise, and the conditions they treat:	

Medical History

My child has/had (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Epilepsy, convulsions, dizziness | <input type="checkbox"/> Allergy to medicine/food |
| <input type="checkbox"/> Disease of heart/blood vessels | <input type="checkbox"/> Hospitalization, surgery |
| <input type="checkbox"/> Increased blood pressure | <input type="checkbox"/> Depression, anxiety |
| <input type="checkbox"/> Lung disease: asthma, persistent cough | <input type="checkbox"/> Learning difficulties |
| <input type="checkbox"/> Pain in chest or shortness of breath | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Stomach or intestinal trouble | <input type="checkbox"/> Hay fever / allergies |
| <input type="checkbox"/> Ulcers, gall bladder or liver disorder | <input type="checkbox"/> Impaired sight or hearing |
| <input type="checkbox"/> Skin diseases | <input type="checkbox"/> Chronic ear infections |
| <input type="checkbox"/> Other _____ | |

Please explain all "checked" conditions or any medical condition we should be aware of:

- ☐ Yes, Oxbow has my permission to treat minor wounds and bug bites with over-the-counter anti-bacterial / anti-itch ointments.

Guardian Signature _____





**Permission to Participate
In St. Lucie County Youth Programs**

NOTICE TO THE MINOR CHILD'S PARENT OR GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF ST. LUCIE COUNTY BOCC, ITS DEPARTMENTS, EMPLOYEES, OFFICIALS, COACHES, CONTRACTORS, VOLUNTEERS, SPECIALISTS, AND AGENTS (HEREINAFTER REFERRED TO AS "RELEASED PARTIES") USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM ANY OR ALL OF THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent sign here: _____

**PERMISSION TO PARTICIPATE IN St. LUCIE COUNTY YOUTH PROGRAMS
PARTICIPANTS RELEASE AND WAIVER OF LIABILITY AGREEMENT**

Read Completely and Carefully Before Signing

I, the undersigned, as the parent or legal guardian of the minor child ("my child") named below, do hereby give my full consent and approval for my child to participate as a member of the St. Lucie County BOCC Youth Programs.

I understand that there are certain risks of damages and injuries, including death, inherent in the St. Lucie County BOCC Youth Programs, as well as in any transportation in County owned or non-owned vehicles that may be part of the program and in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of myself and my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

Further, I understand that there is inherent risk in Youth Programs and that inherent risk means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the activity and which are not eliminated even if the activity provider acts with due care and includes failure by the activity coordinator to warn me or my child of an inherent risk or the risk that the participant or another participant in the activity may act in a negligent or intentional manner and contribute to the injury or death of my minor child.

I understand that leisure activity programs may actually be organized, directed and presented by an individual(s) performing those duties as an independent contractor or specialist using County property. I further understand that this agreement applies to all St. Lucie County Departments programs that my child is permitted to participate in, including, but not limited to; Karate Classes, Dance Classes, Exercise Classes, Sport Participant Instruction, Team Sports Activities (baseball, softball, soccer, basketball, football), Camping, Skating and/or Skate Boarding, Cooking Classes, Fishing Events, Canoe and Kayak Activities, Swimming Pool Activities, Art and Wood Working Activities, Horse and other Animal Show Events, 4-H and FFA Events, Library Activities, Computer Activities, and Boys and Girls Club Activities.

I hereby give permission for my child to receive necessary medical treatment.

Further, I agree that in consideration for my child's participation in the St. Lucie County Youth Programs that I shall hold harmless and fully indemnify and defend St. Lucie County BOCC, its departments, employees, officials, coaches, volunteers, contractors, specialists, and agents (Released Parties) from any and all causes of action, claims, damages, costs including but not limited to attorney's fees and costs, which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by the negligence of the Released Parties. I hereby waive, release, discharge and agree not to sue the Released Parties for any and all causes of actions, claims or damages arising out of or resulting from my child's participation in the Youth Activities, including but not limited to damages, injuries, or death arising out of risks that are a natural part of these activities. I agree that in consideration for my child being permitted to participate in the activity, I assume full responsibility for any loss of property, accident, bodily injury, or death as a result of my child's participation in this activity.

I expressly agree the Release and Waiver of Liability Agreement is intended to be as broad and inclusive as is permitted by the laws of Florida and that if any portion thereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I acknowledge that I have read (or have had read to me) each and every one of the provisions in this waiver, release of liability and indemnification agreement, and that I understand each of the provisions in this agreement and that I agree to abide by them.

Please print

PROGRAM/ACTIVITY: _____

Name of Minor Child (Under age 18) Participants DOB Name of Parent / Guardian

Address City State ZIP

Signed: _____ **Date:** _____ **Phone #:** _____
Parent / Guardian

Signed: _____ **Print Name:** _____
Witness - St. Lucie County BOCC or Agent



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Pick-Up Permission List

The following individuals have permission to pick up my child from Camp.

(Note: anyone picking up your child must have a photo I.D.)

Child's Name

Name	Phone	Alternate Phone



Signature of Parent or Legal Guardian

Date

Photo Release

I hereby permit Oxbow Eco-Center/St. Lucie County, to photo-document the activities of the Camp. I give permission for photographs of my child to be used in articles, promotional fliers and advertisements.



Signature of Parent/Guardian

Date



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Code of Conduct

All prospective campers must read, understand and sign this agreement. Upon completion, please return this form to the Oxbow Eco-Center.

I, _____, agree to treat Oxbow property, including wildlife and plant life, Oxbow facilities, staff, and other campers with utmost respect while participating in the **Junior Naturalist Day Camp**. I will not collect plant or animal life without permission. I agree to follow directions, to obey all Oxbow rules, and to avoid behavior that is disruptive or destructive. I agree to be on my best behavior. I understand that failure to follow these rules may result in my being removed from camp activities and my parents will be notified.

Camper's Signature: _____



Guardian Signature: _____

